

| POSITION                  | INITIALS                      | ID NO.  | DATE     |
|---------------------------|-------------------------------|---------|----------|
| FEE DETERMINATION         | <i>[Handwritten initials]</i> |         | 06/28/01 |
| O.I.P.E. CLASSIFIER       |                               |         |          |
| FORMALITY REVIEW          | <i>[Handwritten initials]</i> | JL-9/16 | 07-18-01 |
| RESPONSE FORMALITY REVIEW | <i>[Handwritten initials]</i> | 1030    | 10-29-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 5-31-00  |
| 2     | ✓     | ✓        | 10-24-00 |
| 3     | ✓     | ✓        | 4-16-01  |
| 4     | ✓     | ✓        | 10-1-01  |
| 5     | ✓     | ✓        |          |
| 6     | ✓     | ✓        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
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| 10    | ✓     | ✓        |          |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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*[Handwritten note]*  
 10/2/01